



maintenance checklist

(for internal school use only)



| | |
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| SCHOOL | |
| Date | |

It is recommended that this checklist is completed at the **start of each school year** as part of the school's health care planning and a **copy supplied to the Principal**.

| AFS PROGRAM CRITERIA | CHECK | | TO DO | DONE |
|---|---|---|---------------|------|
| ESSENTIAL | | ✓ | ACTION | ✓ |
| Asthma education is provided for all school staff | Monitoring of Asthma Training for School Staff sheet completed | | | |
| Asthma Action Plans and/or Student Asthma Records for each student with asthma are actively encouraged and kept in a central location | Information requested Asthma health records stored centrally | | | |
| Asthma First Aid posters are on display | ___ posters in suitable places | | | |
| Students with asthma are encouraged to have their medications readily available and safely stored at all times | Student access to their own medication discussed by staff Stored medication is labelled | | | |
| A blue reliever puffer and spacer device(s) are available for emergency use | ___ Asthma Emergency Kits Check contents and expiry dates | | | |
| A plan is in place for managing asthma during school sporting activities, excursions and camps | Current asthma care planning covers all school based and off-site activities | | | |
| Asthma related information is provided through the school to parents/carers that contributes to the quality of life, health outcomes and well being for their children | Asthma Foundation information provided to parents when asthma indicated on health records Asthma articles regularly in school's newsletter | | | |
| Asthma Friendly Schools Program teaching resources are used as part of the school's health curriculum | Curriculum planning for this year includes asthma and use of the AFS program resources supplied | | | |
| RECOMMENDED | | | | |
| Potential asthma triggers are minimised within the school environment | Students' triggers are known, discussed and addressed by staff | | | |
| School becomes a community member of its local Asthma Foundation | Membership considered by staff, student rep & parent rep groups | | | |

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|---|---|
| For the Principal | • |
| The following require attention to maintain the AFS program | • |
| | • |

This sheet was completed by _____ on ____ / ____ / 20____



Funded by the
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Please return completed form by post, fax or email to: Asthma Foundation of Queensland | PO Box 394 FORTITUDE VALLEY QLD 4006
 Fascimile: +61 7 3257 1080 | Email: schools@asthmaqld.org.au | For more information visit our website: www.asthmafriendlyschools.org.au

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